

**STATE OF MONTANA**

Prepare, sign and submit with an ORIGINAL signature and filing fee

**This is the minimum information required**

(This space for use by the Secretary of State only)

ARTICLES of FORMATION for  
DOMESTIC BUSINESS TRUST  
(35-5-103, MCA)



**MAIL:**           **BRAD JOHNSON**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801

**PHONE:**       (406)444-3665  
**FAX:**           (406)444-3976  
**WEB SITE:**    *sos.mt.gov*

**Filing Fee: \$ 70.00**

**Priority Filing Add \$20.00**

*Executed by the undersigned person for the purpose of forming a Montana Business Trust.*

1. The name of this Business Trust is: \_\_\_\_\_

2. The name and address of its registered office/agent in Montana:

Registered Agent: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Montana,      Zip Code: \_\_\_\_\_

Signature of registered agent (**required**): \_\_\_\_\_

3. A description of the business the Business Trust intends to transact:

\_\_\_\_\_  
\_\_\_\_\_

4. The name and address of its current trustees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title